Minutes of Wetmore Road Surgery
Patient Participation Group Meeting
Thursday 19th April 2018

Present: **Patients x 5** Ian N**,** Gill R, Gillian H, Jane K & Sarah C

Surgery staff Rob Paton – Practice Manager, Dr Slack

Apologies Beryl W, Pam M, Bernard P, Steve W, Simon H, Jennifer E

The meeting started with an informal time and refreshments.	
Agenda Items	**Action**
IN welcomed everyone and introduced Chris Ragg, our visiting speaker. Chris is Chair of the Patient Board and sits on the CCG Governing Body Chris started his talk by talking **through STPs (Sustainable and Transformation Plans)**. What they are and why they were set up – in 2014 the NHS Five Year Forward View was produced with a viewto tackle the financial deficit while ironing out health inequalities. The idea was it would lead to a more accountable care system which would include social care, mental health care etc. However it has not panned out as hoped for. In 2017 NHS England decided that Staffordshire was performing very poorly at meeting the criteria and put in their own Chief Officer and Chair of the STP. The initial plan was scrapped and replaced with a new 10 point plan. Consequently locally the process is lagging behind the original timescale. They are looking at innovative and new ideas and ways of working together. It is taking a long time to come to fruition. One example is they are looking at how the hospitals across the county work and focussing on how community and county hospitals work. This involves visits to the various sites, some unannounced. The situation is further complicated by the proposed “merger” of Queen’s Hospital and the Royal Derby Hospital. There are concerns about the impact of this but also many positives. As always much of it comes down to money. The two hospitals cannot merge as they are both in deficit, hence the plan for the Royal Derby to take over Queens. This has been delayed because NHS England want the plans to be in a better state before approving the take over. It is expected that this is only a delay and it will happen in the next few months. How does this sit with the STP as it crosses the border into a different STP area. In Staffordshire there are still local CCGs across the authority, whereas in some areas the CCGs have combined. Within Staffordshire East Staffs is the smallest CCG but because it is in the best financial state it is in a strong position. The STP has no statutory power. CCGs have to approve them and so the process is slow and laborious. However one the ball gets rolling it should build momentum. The future plan is to include social services as in Manchester. NHS England is applying pressure to get things moving. Questions were asked as to how Virgin Care is working. Chris reassured the group that although things have been very slow to get going they are meeting all the quality criteria and they are performing better than many similar organisations around the country. Now they have got going the bar needs to	

be raised.

Chris was asked about the recent changes to **Shared Care Agreements**. Chris shared that the Joint Quality and Safety Committee take safety issues very serious. The GPs are free to stop prescribing under shared care at any point. There seems to be poor communication around this issue and the PPG feel that in it all it has been forgotten that the patients should be at the forefront.

Chris feels personal stories are very important and need to be heard and so one member shared her experience. She was being prescribed Salazpyrin under a shared care agreement between Rheumatology (at Queens) and Wetmore Road. Everything was working well from the patient's perspective. Her blood tests were being done every 3 months, if there were concerns the appropriate referrals were made promptly by the GP, her repeat prescriptions were easy to access and the consultant was seeing her 4 monthly to monitor her condition. Since the shared care agreement were terminated at the start of the year it has been a much more complicated story. Whereas previously she was prescribed 2 months worth of medication this has had to reduce to 1 months supply due to the GP not monitoring her. She now has to go to the hospital to get the prescription. As she does not drive that means someone has to take her. On her last visit there was a 35 minute wait in pharmacy – when the GP issued it electronically it was ready to collect from the local pharmacy. Her COPD makes walking difficult. When she was being checked by the GP you could park (free) at the door, at the hospital you not only have to pay to park but there is a lot of walking around the site. In the last month, to complete blood tests, rheumatology nurse checks and consultant appointments she has made 4 visits to the hospital in the last month and has to go again next week. This is making for longer queues at the hospital and the consultant running hours behind schedule. He is then pushed for time and there is a greater risk of things being missed. Having been taking these tablets safely for many years it feels a step backwards.

As a group it is felt that this disagreement between the CCG and GP practices has just left the patients as the piggies in the middle. Some patients have never had the checks from the specialities that are now deemed to be the issue and who is now monitoring that things are done and not just slipping under the radar.

Dr Slack reiterated this is not about money but an issue of safety. Many of these drugs need the expertise of a specialist to ensure appropriate clinical monitoring. The person who signs the prescription is the one responsible if there is a problem and without the expert knowledge and with the time constraints of the current workload the GPs do not feel they can continue to safely prescribe these medication.

Shared Care is not compulsory but having experienced the benefits of it in East Staffs the patients are feeling the effects of it being withdrawn. The patient who shared her experience reported that she had been on the medication for 17 years before the monitoring started…

Other downside is that when the blood tests are initiated by the GP they get the results but the consultant can also access them. If the hospital initiates the blood tests the GPs do not get to view the results. This is a nationwide issue that could do with being addressed.

Chris felt the group were in a unique position having a GP, a practice manager, a representative of the CCG and patients with personal experience all sat in the same room discussing the issue.

RP explained again that Wetmore Road had done all it could to give ample warning to the CCG that these changes were going to be made and put as

many safeguards in place as possible to mitigate again problems arising from it. All patients were written to, and at the request of the PPG sent a second letter. GPs have continues to prescribe medication where a patient has not been able to access it from their speciality while RP has continued to talk with the specialities concerned to ensure they are fully aware of the situation and have time to put services in place to address the need. However Wetmore Road will maintain they offer a gold standard of care or not at all. Once the full list of shared care drugs was released and the extent was seen alarm bells rang. The CCG now need to hear the patient stories to make a difference. The PPG are concerned that there are many patients whose stories will never be heard, they maybe don't know there is a story that should be heard or if they do they don't know how. Patients fear alienating their Dr by complaining. Fear is a big factor surrounding this. All this goes against the principle objective of moving care nearer to home. Vulnerable patients are the ones missing out. Parking costs are an additional concern and it is adding to congestion at the hospital. Pharmacies are reporting concerns with some vulnerable patients. They are flagging this up with the GPs who are following it up. There are further challenges when the consultant who has initiated a medication is out of the area. A further issue raised was relating to patients not receiving letters from consultants – this is a widespread issue, not specifically linked to shared care. All patients should automatically receive a copy of correspondence, they should not need to specifically request it. Chris is going to take the concerns raised and ask for them to be put on the agenda for the steering group to discuss with GPs. Chris explained that the Patient Board he chairs reflects a wide cross section of the community through representatives of third sector organisations and well as PPG representatives. The CCG encourages the patient board and gives some financial support to it. Chris was thanked for the work he does and giving his time to come and talk to the group. It was a welcome opportunity to learn more about what is happening in the NHS locally and to be a voice for our patients with current concerns.	
The minutes of the last meeting were agreed.	
Practice Update • One of the current trainee doctors is on maternity leave and the other is going on maternity leave next month. While there are no new trainees currently lined up they are looking for a replacement. • Further expansion of the premises is being investigated. There are been a next increase of 54 patients, significantly taking the total over the 11000 threshold to 11024. IN asked further questions are to what is happening with Section 106 money. Currently there hasn't been any come into the practice. • There have been issues with Docman, the document management programme. It is been on a go slow, to the point where GPs are now having to go back to printed copies of letter which is time consuming. • GDPR comes in on 25/5/18. The East Staffs Partnership are working	

together to ensure compliance. Health is exempt from some areas of these regulations. SC and RP are communicating as to whether there are implications for PPG. It is anticipated there will be a spike in requests for records which will be an additional burden on the practice.

- There is a target for 20% of patients to access online services. We currently sit at 15% and need time to develop the strategy. IN asked what access the 15% have, it isn't just about being registered for the service but actually using it.
- There is an ongoing concern that the continual increase in workload for GPs is leading to more retiring early. Up to what age can a person realistically function well under these pressures? To ensure there are enough GPs we need an increase number on the ground now, not just a plan to increase those in training in the future.
- The PPG would like patients to understand how much a GP has to do each day and how much goes on behind the scenes. It has been suggested before that there could be a series of articles in the practice newsletter "A day in the life of…" Dr Slack offered to write an article. The PPG encouraged her to say it how it really is so patients can see the reality.
- Two new receptionists have been appointed taking the team back to full strength, although some training still needs to be done. Members reported a culture change for the better in their recent interactions, especially face to face.
- All receptionists are going on "Care Navigation" training. This is to ensure the right questions are asked when patients request appointments. Hopefully Dr Law will be recording the new voice message explaining why patients may be asked more questions when ringing to book an appointment. The PPG again backed this initiative and made it clear they are happy for this to be made clear. It was suggested they make sure the voice message gives a positive explanation regarding appropriate signposting, not downsell it by suggesting you may not need a doctor. The PPG were asked for feedback once it is up and running and it was suggested a something that could be consulted on with any form of "Virtual group" we may be able to set up.
- There is an ongoing need to educate patients about appropriate appointments. There is a concern that some more ill patients are unable to get appointments, or at least immediate appointments, because they are being taken up by demanding patients. Questions were asked again about how GPs communicate when a patient needs a follow up appointment to ensure these can be accessed in a timely manner and with the same GP and patients aren't blocking up the system by making an appointment "just in case". The PPG feel there should be a consistent approach with GPs issuing a slip to be taken to reception if they have requested the patient to come back for a follow up.
- There are increasingly long queues in the morning waiting to make on the day appointments with some incidents of argy bargy with patients knowing if they aren't near enough the front of the queue they are unlikely to be successful. The PPG asked if the same questions of Care Navigation are asked of those making face to face appointments as of those booking by phone so appointments can be made based on clinical need not necessarily first in the queue.

Survey • The 3 question survey that was trialled in the waiting room last October was sent out electronically 2 weeks ago. There has been a brilliant response, with about 450 patients taking part. The group were given a print out of the responses to the main questions "What is the best thing about Wetmore Road Surgery?" and "If you could suggest one improvement what would it be?" • The group have been asked to go through the responses between now and the next meeting highlighting anything that catches their attention. It maybe an issue that is repeated many times, something that reflects their experience and would like to discuss further or a one of comment that seems particularly pertinent and has never been mentioned before. Those who weren't at the meeting will be emailed these responses. While no one has looked closely at the responses to not pre-empt the next meeting there was a quick check that there were no negative personal comments that were inappropriate. • The third question related to knowledge of the PPG and whether they would like to participate – either by joining the PPG or taking part in some way online. To date 61 patients had expressed an interest in joining the PPG and others would like online involvement. SC has contacted all 61 to outline more about the purpose of the PPG and the level of commitment involved and 10-12 have expressed an interest in attending a meeting. • The decision was made to invite all those interested to the next meeting. This meeting will focus entirely on an introduction to the PPG and discussing the survey feedback. We need to be mindful of using jargon and an awareness of confidentiality issues. IN was asked to lead this introduction. • It was suggested that at each meeting we choose one issue we would like more feedback on and this is sent out to those who want to participate online to give the opportunity for us to hear a wider range of patient voices. • Everyone was very encouraged by the level of response and it was suggested this should be noted as a success story and passed onto the district group as our update.	**SC** **IN** **SC**
AOB • It is AGM time again. However, it was not felt appropriate to confuse this with a meeting welcoming new members. IN and SC are willing to continue in their current roles a while longer to allow the membership to stabilise and look at this again in the Autumn. • Medicine Champions – there had been an email asking us to nominate a medicines champion. There was little understanding of what the role involved. BP had emailed to express and interest in the role and JK also put herself forward. Due to the lack of information RP was asked to put both names forward and when we know more we can decide whether either/both are still willing and can fulfil the role. • N.A.P.P. Conference. The N.A.P.P. conference in June will be in Nottingham. This is the nearest it has been geographically and it would be good if we could send representatives. The practice are willing to pay and cover travel expenses. We can initially sign up for 2 places, potentially an extra place could be requested. SC asked if anyone from the practice would be willing to go with a PPG member to get a wider perspective. RP will consider discuss this. All PPG members were asked to think about whether they would like to attend and to respond to SC by 27th April.	**RP** **RP** **ALL**

• District Group – the latest minutes recorded that GR had attended when she had not. Childcare commitments have been prohibitive but this may be changing. If anyone would like to volunteer to be our second representative please contact SC. • Music in the waiting room – there was a report that the music in the waiting room can be too loud to hear any announcements made by the receptionists. RP said the receptionists cannot access the volume control but it is one of those scenarios where you can't please everyone. While some think it is too loud, others say it isn't loud enough.	**ALL**
Date of next meeting • The next meeting will be on Wednesday 13th June, again 6pm for a 6.30pm start.	